

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH-

State File No. 190
Registered No. 2401

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Betty Louise Fair

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

Female

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

5. No., in order of birth _____

6. Legitimate?

yes.

7. Date

12-30-25
Month Day Year

8.

FATHER

Full name Samuel Lester Fair

9. Residence

(Usual place of abode)

Globe

If non-resident, give place and state.

Arizona

10. Color or race

White

11. Age at last birthday 24 (Years)

12. Birthplace (city or place)

(State or country)

Kansas

13. Occupation

Nature of Industry

Miner

14.

MOTHER

Full maiden name

Archie Louise Salladay

15. Residence

(Usual place of abode)

Globe

If non-resident, give place and state.

Ariz.

16. Color or race

White

17. Age at last birthday 18 (Years)

18. Birthplace (city or place)

(State or country)

Globe
Arizona

19. Occupation

Nature of Industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 1

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?

yes.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:50 A.M. on the date above stated
(Born alive or stillborn)

Signature

C. W. Adams

Globe, Arizona
(Physician or midwife)

Address

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from
a supplemental report

Month, day, year

Filed 12-31-25, 1925

W. A. Horst

Registrar

Registrar

269-1230-128

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.